

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 -- 0 0 4

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

1/15/01

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
PG 1 OF ATT. 4.19-E; PG 7 OF ATT. 3.1-A; AND PG 6 OF ATT.
3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
PG 1 OF ATT. 4.19-E; PG 7 OF ATT. 3.1-A; AND PG 6 OF
ATT. 3.1-B

10. SUBJECT OF AMENDMENT:
ADDITION OF HOSPICE SERVICES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Eugene Gessow
Director, Bureau of Medical Services
#11 State House Station
Togus Complex
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 30, 2001

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 15, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret J. Lister

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

23. REMARKS:

The State estimated that the financial impact of this plan would be neutral since hospice services will take the place of other forms of care currently delivered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

DEFINITION OF CLAIM

State: MAINE

Attachment 4.19-E

Page 1

42 CFR 447.45(b) states "claim" means (1) a bill for services, (2) a line item for services, or (3) all services for one recipient within a bill. the following table indicates the definition adopted by the Maine Medical Assistance Program to comply with 42 CFR 447.45. (Refer to page 20c of State Plan).

Service (as listed in State Plan) Definition of Claim (as defined above)

Adult Family Care Services	1
Ambulance Services	1
Ambulatory Care Clinic Services	1
Ambulatory Surgical Center Services	1
Audiology Services	1
Case Management Services	1
Certified Family and Pediatric Nurse Practitioner	1
Chiropractic Services	1
Clinic Services	1
Community Support Services	1
Consumer Directed Attendant Services	1
Day Habilitation Services for Persons with Mental Retardation	1
Day Health Services	1
Day Treatment Services	1
Dental Services	1
Developmental and Behavioral Clinic Services	1
Early Intervention Services	1
Family Planning Agency Services	1
Federally Qualified Health Center	1
Hearing Aids & Service	1
Home-Based Mental Health Services	1
Home Health Services	1
Hospice	1
Hospital Services	1
Psychiatric Facility Services	1
ICF/MR Services	1
Lab and X-ray	1
Licensed Clinic Social Worker/LCPC	1
Medical Imaging Services	1
Medical Supplies & Equipment	1
Mental Health Clinic Services	1
Molecular Testing Services	1
Nursing Facility Services	1
Nurse-Midwife Services	1
Occupational Therapy Services	1
Optician Services	1
Optometry Services	1
Personal Care Services	1

OFFICIAL

TN# 01-004

Supersedes

TN# 99-002

Approval Date 4/11/01 Effective Date 1/15/00

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

*Description provided on attachment.

OFFICIAL

TN No. 01-004

Supersedes

Approval Date: 4/11/01

Effective Date: 1/15/01

TN No. 86-17

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

// Provided: // No limitations // With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

/X/ Provided: /X/ No limitations // With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

/X/ Provided: /X/ No limitations // With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

/X/ Provided: /X/ No limitations // With limitations*

17. Nurse-midwife services.

/X/ Provided: /X/ No limitations // With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

/X/ Provided: /X/ No limitations // With limitations*

*Description provided on attachment

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Approval Date: 4/11/01

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